DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24016

Registration District No. 1003 — 791 — 39 AUG

Primary Registration District No.

Registrar's No. 6319

1. PLACE OF DEATH:
(a) County: St. Louis Mo
(b) City or town: (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 6.6

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: St. Louis
(c) City or town: (If outside city or town limits write "RURAL") 19
(d) Street No.: 4405 W. Pine St (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME: Walter Brever
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: M.
5. Color or race: W
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife: None
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: June 11 1880 (Month) (Day) (Year)
8. AGE: Years 59 Months 1 Days 5 If less than one day hr. min.
9. Birthplace: Mo (City, town, or county) (State or foreign country)
10. Usual occupation: Fireman
11. Industry or business: Unknown
FATHER 12. Name: Robt Brever
FATHER 13. Birthplace: Germany (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Katy Ratt
MOTHER 15. Birthplace: Ky (City, town, or county) (State or foreign country)
16. (a) Informant's own signature: Robt L. Brever
(b) Address: Edwardsville, Ill
17. (a) Poplar Bluff Mo (Burial, cremation, or removal) (b) Date thereof 7-19-39 (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director: Sullivan
(b) Address: 1849 N. Euclid
19. (a) 7/19/39 (Date received by local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7-17-39 day 2 am year hour 1 minute 55 A M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death: Fracture of Skull Laceration of Brain and External Hemorrhage, suffered when struck by Auto while crossing Highway

Due to: Deceased left Super Highway 100 feet East of Jamm Cut and crossed in front of Auto

Due to:

Other conditions: July 17-1939 (Include pregnancy within 3 months of death)

Cause of machine leaning

Major findings: Of operation: Highway could not be determined

Of autopsy: Accident

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): Accident
(b) Date of occurrence: 7/17/39
(c) Where did injury occur? St. Louis Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)
While at work: (e) Means of injury:

23. Signature: Joseph M. Luman (M. D. or other)
Address: Deputy Coroner Date signed 7/17

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me Eugene K. Sullivan, Registered Apprentice No. 2930, working under my personal supervision.

Signed Eugene K. Sullivan

Licensed Embalmer No. 2930

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.